

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES ADMINISTRATION (SAMHSA)

Renewal Application
Fiscal Year 2003/2004

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SAMHSA Renewal Application

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SECTION I

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION (SAMHSA) NARRATIVE**

FY 2003/2004

Mission Statement

The Mission of San Bernardino County Department of Behavioral Health is to enable adults experiencing severe and disabling mental illnesses and children with serious emotional disturbance to access services and programs that will assist them in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living constructive and satisfying lives in the least restrictive environment.

Systems Of Care

Coordinated, integrated and effective programs have been organized into systems of care meeting the unique needs of adults and children with serious emotional disturbances and special populations with serious mental illnesses. These systems of care will operate in conjunction with an interagency network of other services necessary for individual clients.

Cultural Competency/Training

All services and programs are continuously working toward having the capacity to provide services sensitive to the target populations' cultural diversity. Systems of care shall:

- Acknowledge and incorporate the importance of culture, the assessment of cross-cultural relations, the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs;
- Recognize that culture implies an integrated pattern of human behavior, including language, thoughts, belief, communications, actions, customs, values, and other institutions of racial, ethnic, religious or social groups;
and
- Promote congruent behaviors, attitudes, and policies enabling the system, agencies, and mental health professionals to function effectively in cross-cultural institutions and communities.

- Training: A cultural competency committee has been established to implement cultural competency training for top management, clinicians, clerical staff and contract agencies.

SECTION II

SAMHSA PROGRAM NARRATIVE ADULT SYSTEM OF CARE

Statement of Purpose

San Bernardino County Department of Behavioral Health offers comprehensive residential mental health and case management services to the adult population throughout the County. Services are organized into four geographic regions with multi-service centers in both department and contract agency operated clinics. The four geographic regions are: San Bernardino East Valley Region, Central Valley Region, Desert/Mountain Region, and West End Region. Residential and intensive/aggressive case management services and the Homeless Programs are offered through these four regions. The Supervised Treatment After Release (STAR) Program services are provided through a centralized program. The regional programs and the Adult System of Care Program continuously collaborate to ensure that comprehensive services are accessible to the high-risk target population and to ensure that additional programs are developed in response to identified gaps in the adult system of care. In an effort to create and expand residential, mental health and case management services to adults at risk of institutionalization or hospitalization, several types of service programs are supported with SAMHSA funds. Persons presenting for psychiatric hospitalization are assessed and, when appropriate, referred to community resources at a lower level of care. The Augmented Board and Care (ABC) Program and the Long Term Care Clinic are designed to provide residential services for the seriously and persistently mentally ill patients with severe functional impairment. A new augmentation to the continuum of care is the Residential Services with severe co-occurring disorders. In addition, mental health and case management services are provided to the adult population in the Homeless Program, the STAR Program and the Long Term Care Clinic. The general purpose of this multi-faceted program is to identify adults at risk of frequent acute hospitalization, State Hospital or IMD hospitalization, or long-term placement; to provide specialized residential, mental health and case management services, to engage family and the caretakers in the treatment process, and to implement long-term care plans which enable the adult individual to function in the least restrictive and most supportive setting possible.

ADULT SYSTEM OF CARE (ASOC)

Client Outcome Objectives

Augmented Board and Care Program objective (Long Term: Fontana Gardens, Orchid Court, Linda Villa):

- To prevent 75% of the residents admitted to the Augmented Board and Care Program from requiring a higher level of care (IMD/Inpatient Unit) for at least 60 days.
- To prevent 50% of the residents admitted to the Augmented Board and Care Program from requiring acute hospital admission for 60 days.
- To prevent 75% of the residents admitted to the Augmented Board and Care Program from becoming homeless for 60 days.

Augmented Board and Care Program objective (Geriatric Home: Mt. View):

- To prevent 60% of the residents admitted to the Augmented Board and Care Program from requiring a higher level of care (SNF) for at least sixty days.
- To prevent 50% of the residents admitted to the augmented Board and Care Program from requiring acute hospital admission for 60 days.
- To prevent 75% of the residents admitted to the Augmented Board and Care Program from becoming homeless for 60 days.

LONG TERM CARE CLINIC

Program Description:

The Long Term Care (LTC) Clinic of San Bernardino County's Department of Behavioral Health (DBH) is located at 850 E. Foothill Blvd. in Rialto, California (mailing address is the same.) The staff consists of a Clinic Supervisor who is a licensed psychologist, a Clinical Therapist II who is a licensed MFT, two Clinical Therapist I (one a licensed MFT, one a licensed clinical social worker), a Mental Health Specialist, a Social Worker II, and a Clerk II. SAMHSA supports, in full or in part, the positions of Clinic Supervisor, Clinical Therapist I, Mental Health Specialist, and clerk. The LTC staff are all full-time county employees of the DBH, and are to be distinguished from the employees of the IMD facilities. Those IMD employees work for the companies that contract annually with DBH to provide IMD facilities and IMD-level treatment for San Bernardino's severely mentally ill population.

Services Provided:

The duties of the Long Term Care Staff are to **(1)** Seek and secure placement in sub-acute facilities; **(2)** Oversee service delivery and compliance with the treatment plan; **(3)** Attend monthly case conferences with facility treatment team/family/consumer/Public Guardian to monitor progress of focused services planning; **(4)** Oversee linkage with needed services such as dental services, medical needs, specialized services (orthodontist, medical specialists, deaf services); **(5)** Engage family in recovery process; **(6)** Provide advocacy; **(7)** Seek and secure placement in lower level of care as soon as consumer has successfully completed the program at the IMD facility and is ready for lower level of care; **(8)** Coordinate, facilitate and “hand off” case management responsibilities to DBH case management team for aftercare services at augmented board and care, board and care and/or independent housing; **(9)** Provide gate-keeping activities, which include advocating for the client to be placed and maintained in the community and at the lowest possible level of care; **(10)** Provide documentation of all services provided and of all contracts with consumers/family/Public Guardian; **(11)** Monitor IMD contracts.

Target Populations:

Recipients of LTC case management services are mentally ill San Bernardino County residents who are in acute psychiatric facilities, who have stabilized and need sub-acute placement, and who are unable to function at a lower level of care. Mentally ill county residents at Metropolitan State Hospital, who need a step down sub-acute placement, are also in the target populations. The clients are adults but may also be transitional age youth who have been in the Children’s System of Care and have transitioned to the Adult System of Care.

Source of Referrals:

The primary referral source is the Arrowhead Regional Medical Center-Behavioral Health (psychiatric unit), the county’s hospital. Other referral sources are fee-for-service psychiatric hospitals throughout San Bernardino County and psychiatric hospitals or other service agencies in other counties which are providing services to conservatorized San Bernardino County residents. The augmented board and care (ABC) facilities may refer a client who decompensates and needs to return to the IMD facility. All hospital patients referred to the LTC are on Conservatorship, either with the county’s Office of the Public Guardian or with a private conservator.

The Referral Process:

Referrals to the LTC clinic are made by sending, by fax machine or courier, a packet of information on the hospital patient deemed by the hospital after-care services staff to be suitable for IMD placement. The LTC clinic has two senior staff members assigned to review the packet of information and to interview the client. If it is determined that the client can live successfully at a lower level of care and does not need sub-acute placement, the packet of information is forwarded to those who provide placement on board and care (B&C) or augmented board and care (ABC) facilities. If it is determined that the client meets criteria for IMD placement, the LTC clinic makes the arrangement for placement and for transportation to the IMD facility. Another LTC staff member is then assigned to be the case manager for that client and to follow him/her until the client moves to a lower level of care. The goal of LTC staff is to provide case management services to its clients and to assist them in moving toward the lowest possible levels of care in their communities.

Descriptions of the activities of those LTC staff which are supported by SAMSHA:

Clinical Therapist I (CT I)

The duties of the Clinical Therapists in the LTC clinic are to: **(1)** Provide case management to an average case load of 30 consumers; **(2)** Serve as DBH liaison to one or more of the four IMD facilities which contract with the Department of Behavioral Health; **(3)** Assume case management responsibilities for the more complex cases which require interagency involvement (Inland Regional Center, Traumatic Brain Injury cases, Immigration, etc.); **(4)** Maintain weekly contact with each client; **(5)** Complete a full clinical assessment and an assessment of the consumer's daily living skills and abilities at the time of placement; **(6)** Provide counseling to the consumer and consultation with the IMD staff regarding treatment planning; **(7)** Refer to the M.D. for medication evaluation; **(8)** Provide family counseling for the consumer and family as appropriate; **(9)** Attend each multidisciplinary treatment planning meeting which the IMD facility holds for each client; **(10)** Provide discharge planning for the client and check on the client's progress towards discharge goals; **(11)** Provide placement into lower level of care once the consumer is considered ready and agrees to make the change; **(12)** Transfer the case management responsibilities to the local DBH regional outpatient clinic, or to the DBH unit which provides case management services for augmented board and care and board and care facilities, or to the assertive and intensive

community-based case management team; **(13)** Coordinate aftercare services to make a smooth transition for the consumer and ascertain that case management services are continued; **(14)** Coordinate with the Public Guardian's office (or private conservator) on all major treatment decisions and placements; **(15)** Maintain the client's chart which is housed at the LTC facility, and document each contact and each service.

Mental Health Specialist (MHS)

The MHS in the Long Term Care Clinic: **(1)** Assists in the interdisciplinary team in assessment and treatment planning; **(2)** May be assigned a caseload at the discretion of the clinic supervisor or his designee; **(3)** Develops and uses knowledge of community resources to help solve problems of clients; **(4)** Provides a variety of case management services; **(5)** Assists with the preparation of charting, reports, and correspondence; **(6)** Assumes follow-up case management responsibilities when cases are transitioned to other units; **(7)** Gathers research and information on specific cases.

Clinic Supervisor (CS)

The duties of the clinic supervisor at the LTC clinic are: **(1)** Supervision of all assigned staff in the clinic (clinical therapists, mental health specialists, social workers and clerical staff); **(2)** Plan, coordinate and evaluate the work of the staff; **(3)** Participate in hiring and disciplinary actions; **(4)** Determine training needs **(5)** Act as resource for staff on the treatment of specific cases or types of cases; **(6)** Supervise clinic operations which include budget preparation, requests for equipment and supplies, controlling expenditures, and responsibility for safety and security; **(7)** Represent the department and LTC clinic in interagency meetings; **(8)** Advocate for modification and improvement of services to meet the needs of the clients; **(9)** Assist in development and monitoring of contracts for the IMDs; **(10)** Provide comprehensive treatment and case management services for the most severely disturbed clients, perform diagnostic evaluations, develop and implement service plans and conduct therapy within the scope of the license; **(11)** Serve as consultant to regional outpatient clinics and other departments (Public Guardian, County Counsel, Inland Regional Center, law enforcement agencies, judicial system, etc.) on acutely and severely disturbed clients in placement.

Clerk II

The duties of the LTC clerk are to: **(1)** Assume responsibility for maintaining the records of the clinic in an orderly and readily accessible manner; **(2)** Enter all treatment and service data into the San Bernardino

Information Management Online Network (SIMON); **(3)** Prepare and send packets of information when IMD clients are being considered for lower levels of care; **(4)** File progress notes, performance outcomes, and other related documents in consumer's files; **(5)** Manage all of the incoming telephone calls and make appointments for the LTC clinic; **(6)** Assume responsibility for all reception duties in the clinic's front office.

Staffing:

Long Term Care Clinic:

Staff	Total FTE	SAMHSA FTE
MH Clinic Supervisor	1.00	.75
Clinical Therapist II	1.00	0
Clinical Therapist I	2.00	1.75
Clinical Therapist I (pre-licensed)	0	.0
MH Specialist	1.00	.75
Mental Health Nurse	1.00	0
Social Worker II	1.00	0
Clerk III	1.00	.80
TOTALS	8.00	4.05

AUGMENTED BOARD AND CARE PROGRAM (ABC PROGRAM)

Program Description:

The Adult System of Care (ASOC) Program has contracted with six board and care facilities, each of which is tailored to provide care for a specific patient population. Four of these ABC programs are partially funded through SAMHSA monies. Care providers are provided augmented funds to pay for increased experienced staff to provide therapeutic services to this very challenging population. One augmented facility has been established to assist clients with severe medical problems. Three facilities provide intensive long-term residential services to high risk clients. Clients admitted to these ABC units receive intensive treatment to assist in successful transition to less restrictive levels of care.

The ABC Programs provide a variety of services, including group treatment for Rehabilitation/Activities of Daily Living, Substance Abuse Prevention: and Socialization skills. Each facility furthermore provides crisis counseling, problem solving skills building and independent living activities.

Staff utilize community supports and leisure activities to bring normalcy to consumer's daily experiences. Ethnic activities are regularly scheduled to maintain a cultural balance for the consumers. Additionally, Mt. View Geriatric facility offers medical assistance to the mentally ill, physically fragile older adult.

Training is provided to staff, which includes an overview of cultural competency, and up to date treatment modalities.

Staff at these facilities are screened jointly by Department of Behavioral Health and Board and Care personnel, to ensure that all meet educational/certification standards. The Adult System of Care Program Manager (or designee) approves work schedules. Eighty percent of the total funds received by the Augmented Board and Care contractors are for staff salaries. Augmented staff includes MFT's or LCSW's as Program Managers, Drug and Alcohol Counselors, Psychiatric Technicians, Certified Nursing Assistants, and Mental Health Specialists. Facilities have bilingual and bicultural staff in place providing for the cultural/linguistic needs of the population served.

Staffing:

Mt. View Residential Board and Care ABC:

Staff	Total FTE	SAMHSA FTE
Mental Health Worker	1.00	1.00
Certified Nursing Assistant	2.50	1.50
Lead Certified Assistant	1.00	1.00
TOTALS	4.50	3.50

Orchid Court ABC:

Staff	Total FTE	SAMHSA FTE
Licensed Psychiatric Technician	2.00	2.00
Mental Health Worker	4.50	4.00
Certified Drug & Alcohol Counselor	1.00	1.00
Program Director	1.00	1.00
TOTALS	8.50	8.00

Fontana Gardens ABC:

Staff	Total FTE	SAMHSA FTE
Licensed Psychiatric Technician	1.00	1.00
Mental Health Worker	3.00	3.00

Certified Drug & Alcohol Counselor	2.00	1.00
Program Director	1.00	1.00
TOTALS	7.00	6.00

Linda Villa ABC:

Staff	Total FTE	SAMHSA FTE
Licensed Psychiatric Technician	.50	.50
Program Director	1.00	1.00
Certified Drug & Alcohol Counselor	.50	.50
Mental Health Worker	2.50	2.50
TOTALS	4.50	4.50

DUAL DIAGNOSIS RESIDENTIAL SERVICES

The County of San Bernardino, Department of Behavioral Health has been contracting for residential services since 1993. The residential programs (see Augmented Board and Care Program [ABC]) have been providing comprehensive services to a wide range of consumers since that time. In recent years however the Department has seen a large increase in the number and severity of mentally ill consumers who have substance related disorders. Thereby, creating an increased need to provide services to persons who have a severe and persistent mental illness and a co-existing substance related disorder. This population, to date, has been handled within traditional treatment modalities and through the augmented board and care programs.

In order to fill the gap in services and meet the complicated needs of dual diagnosis population, the Department will solicit vendors to provide Dual Diagnosis Residential Services. The vendors will provide services to 26 adults consumers who have co-existing disorders and are in need of residential treatment services geared toward the reduction of symptoms (and increased functioning) relating to a severe and persistent mental illness and a co-existing substance related disorder.

The vendors will hire ample staff to provide treatment services in order to relieve symptoms for both disorders. The vendors, furthermore, will work cooperatively with representatives of Department of Behavioral Health (DBH), Adult System of Care (ASOC) and Alcohol and Drug Services (ADS), regarding admissions and discharges to the facility as well as appropriateness of treatment services. Staff will include professional and para-professionals. The Dual Diagnosis Residential Services staff furthermore, will provide bi-lingual/bi-cultural services for non-English speaking consumers.

Staffing:

Dual Diagnosis Residential Care:

Staff	Total FTE	SAMHSA FTE
Clinical Therapist I	2.00	2.00
Certified Drug and Alcohol Counselor	2.00	2.00
Licensed Psychiatric Technician	2.00	2.00
Mental Health Specialist	2.00	2.00
TOTALS	8.00	8.00

HOMELESS PROGRAM

Client Outcome Objectives:

- The number of clients who move from homelessness to a stable living situation will be maintained at 100.
- A total of 50 homeless clients will be referred for employment services.
 - The Homeless Program will assist a total of 200 clients in seeking community resources such as SSI, General Relief, Outpatient treatment, Substance Abuse treatment and medical care.

Program Description:

The Homeless Program provides the basic needs of food, clothing, and shelter to homeless chronic mentally ill adults within San Bernardino County. It also seeks to reduce the number of homeless mentally ill persons by providing case management, outreach, and advocacy services (evictions or loss of housing). The essential elements of the case management system include client identification, assessment for mental health services, linkage with required services for each client in the program and monitoring of service delivery. A record of these services is maintained for each client.

The staff of the Homeless Program is diverse with respect to ethnic status, age and language. Weekly staff meetings are held to discuss culturally appropriate services to homeless clients. Outreach with program contractors is maintained in order to address the cultural needs of clients. Staff members are required to attend Department of Behavioral Health training on cultural diversity.

Each case manager in the Homeless Program maintains contact with community agencies such as the Veterans Administration, Social Security Department, the Salvation Army, Alcohol and Drug Programs, Loma Linda Social Action Corps, Adult System of Care and psychiatric facilities. The program also participates in the San Bernardino County Homeless Coalition.

Staffing:

Homeless Program:

Staff	Total FTE	SAMHSA FTE
Mental Health Clinic Supervisor	1.00	.80
Clinical Therapist II	1.00	.80
Clinical Therapist Pre-Licensed	2.00	1.00
Mental Health Specialist	4.00	2.00
Public Information Clerk	1.00	.60
Clerk III	1.00	.65
Supported Employment Coordinator	.50	00
TOTALS	10.50	5.85

SUPERVISED TREATMENT AFTER RELEASE (STAR) PROGRAM

Client Outcome Objectives:

- Process fifty referrals for participation in the Supervised Treatment After Release Program.
- Seventy-five percent of individuals accepted into the STAR Program will successfully complete the program.

Program Description:

Jail Mental Health Services (JMHS) provides mental health services to persons incarcerated at West Valley Detention Center and Glen Helen Rehabilitation Center. Services include assessment, crisis intervention, daily suicide assessments, daily safety cell assessments, medication evaluations, brief psychotherapy, and referral to outside providers.

A sub-population of inmates is particularly at risk for re-incarceration upon release. These individuals are often treatment refractory, abuse various substances and are relatively unstable in the community. It is to the benefit of such individuals to be engaged in a system of care that aggressively provides the support needed to maintain in the community. The purpose of the Supervised Treatment After Release (STAR) Program is to provide a broad array of focused mental health services to select individuals referred through the MH COURT System. STAR has three main objectives:

1. Improve the overall community functioning of participants.
2. Reduce the incarceration rate of individuals with a history of repeat offences and incarceration.

3. Maintain participants in the least restrictive mental health environment consistent with the previous two objectives.

The following plan will be implemented to address these concerns:

1. To establish and refine policies, procedures and a data management system within Jail Mental Health Services which will permit the identification of potential participants in the STAR Program.
2. To engage appropriate clients in the STAR Program, including the establishment of Terms and Conditions of Probation (through the Mental Health Court) requiring mental health treatment, providing appropriate housing, providing medications, performing random drug screens, and providing other support needed to maintain the client's outpatient, out-of-custody status.
3. To provide ongoing aggressive case management, including involvement in the Mental Health Court.

Staffing:

Supervised Treatment After Release is staffed as follows:

STAFF	TOTAL FTE	SAMHSA FTE
Clinical Therapist II	1.00	1.29
Clinical Therapist I	2.00	1.57
Psychiatrists	0.25	
Mental Health Program Manager II	0.05	
Mental Health Clinic Supervisor	0.25	
Social Worker II	1.00	1.00
Clerk III	1.00	1.27
TOTALS	4.55	5.13

SECTION III

SAMHSA PROGRAM NARRATIVE CHILDREN'S SYSTEM OF CARE

Statement of Purpose

The San Bernardino County Department of Behavioral Health offers an array of mental health and case management services to children and their families throughout the County. Primarily organized into regional multi-service programs, the Department's clinics and contract agency clinics are available to provide services and outreach based upon the needs of the surrounding community. Specialized mental health services for high-risk children/families are coordinated by the Centralized Children's Residential System of Care Program and are available to any child in the county based on a level of disturbance and service need. The Department's community-based programs and the Children's Residential System of Care Program continuously collaborate to ensure that comprehensive services are accessible to county children and that services are developed in response to identified gaps in the children's system of care. To ensure relevance and coordination within this system of care, interagency needs assessment, program planning/development, and case management occur on a formal and regular basis. In an effort to create and expand residential, mental health and case management services to children at risk of institutionalization, hospitalization, or out-of-home placement, several types of service programs are supported with SAMHSA funds in several settings serving at-risk and high-risk minors. Services are provided to children, families, and caretakers at the Juvenile Justice Outpatient Program (JJOP) located in Probation institutions. The general purpose of this multifaceted program is to identify minors at risk of frequent acute hospitalization, long-term State hospitalization, or long-term incarceration, provide specialized residential, therapy and case management services, engage families/caretakers in the treatment process, and implement long-term care plans that enable the minor to function at the least restrictive and most supportive setting.

Client Outcome Objectives:

- To maintain the rate of hospitalizations, at the acute psychiatric level, of Juvenile Hall minors at one percent or below.
- To maintain 80 percent of the children served by the Interagency Enriched Youth Homes Program at this level of care or lower for six months.

**JUVENILE JUSTICE OUTPATIENT PROGRAM (JJOP)
INSTITUTIONAL SETTING:**

Program Description:

The JJOP clinic provides mental health services to seriously emotionally disturbed (SED) children/adolescents as described in the W&I Code Section 5600.3 part (a) who are incarcerated at Juvenile Hall and the Kuiper Youth Center. Services include daily suicide assessments, suicide and crisis intervention, medication evaluation, and individual and family/group therapy. Mental Health consultation is also provided to the Juvenile Court, Probation Officers, and Probation Institutions staff.

Staffing:

Juvenile Justice Outpatient & Youth Justice Center:

Staff	Total FTE	SAMHSA FTE
MH Clinic Supervisor	1.00	.90
Clinical Therapist	5.00	4.00
Clerk III	2.00	1.00
TOTAL	8.00	5.90

SECTION IV

Designated Peer Review Representative:

Maria Coronado, M.Ed., Program Manager I (909-421-9432) The Adult System Of Care Program, will serve as the Department's Peer Review Representative for the Adult and Children's System of Care during Fiscal Year 2003/2004. The regional program manager will directly monitor each regional program.

Implementation:

The Adult and Children's program described are in full operation as outlined. Clients are monitored individually through the service coordination process within each setting. In this way, as clients move through the system of care, monitoring systems ensure that client outcome objectives are met and that obstacles to obtain client outcome objective are identified and resolved. DBH is issuing a Request for Proposals (RFP) for provision of The Dual Diagnosis Residential Services. We are aware of qualified vendors in the community interested in responding to the RFP. We anticipate the services to be operational soon.

Documentation Description:

The Adult and Children's System of Care Programs are required to document client services in the following manner:

Each client is assigned a unique chart number, and each episode of service is recorded in the chart within a computerized database. All staff are trained in Problem Orientated Record Keeping, which maintains a uniform and consistent method of documenting all services. Clinic supervisors within each program maintain monthly chart review, to assure that the charts are maintained to Department standard practices.

Program Evaluation:

The San Bernardino County Department of Behavioral Health provides ongoing monitoring of the Adult and Children's Systems of Care Programs through DBH's Compliance Unit. This includes routine site inspections, clinic review of treatment plans, and treatment outcomes by supervisory and lead staff, a yearly program evaluation and review, and monthly statistical and program reports to test continued compliance with both Problem Oriented Record Keeping and Medi-Cal requirements.

Specific client outcome objectives are tracked by utilizing specialized computer reports, which analyze outcome data contained in the automated database, reflecting referrals and services provided by the treatment staff.

SECTION V

2003/2004 SAMHSA BLOCK GRANT PROGRAM DATA SHEET

Complete one sheet for each SAMHSA funded program (as budgeted).

COUNTY: San Bernardino **PROGRAM TITLE:** Long Term Care Clinic

SAMHSA FUNDING LEVEL: (MH 1779, Line 38, Net Cost) **300,200**
\$ _____

TARGET POPULATION(S): (ESTIMATED NUMBER OF CONSUMERS TO BE SERVED IN THE YEAR WITH SAMHSA FUNDS)

SMI ADULT 127 # SMI OLDER ADULT _____ # SED CHILD _____

TYPES OF SERVICE(S) PROVIDED: (CHECK ALL THAT ARE APPLICABLE)

ASSESSMENT _____	CASE MANAGEMENT <u>X</u>
COLLATERAL SERVICES <u>X</u>	CRISIS INTERVENTION _____
CRISIS STABILIZATION _____	DAY CARE REHABILITATIVE _____
GROUP THERAPY _____	INDIVIDUAL THERAPY _____
IN-HOME SERVICES _____	INTENSIVE DAY TREATMENT _____
MEDICATION SUPPORT _____	OUTREACH _____
PEER COUNSELING _____	SOCIALIZATION _____
SUBSTANCE ABUSE COUNSELING _____	VOCATIONAL _____
OTHER: <u>Culturally/Linguistically</u> <u>X</u>	

Appropriate Services

Please complete the following table if in the above program you have discrete sub-programs serving any of the special populations listed below or a consumer operated program:

	DUAL DIAGNOSIS	HOMELESS	FORENSIC	MINORITIES	CONSUMER OPERATED
ESTIMATED NUMBER OF SMI ADULT					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL	\$	\$	\$	\$	\$

ADDITIONAL COMMENTS:

**2003/2004 SAMHSA BLOCK GRANT
PROGRAM DATA SHEET**

Complete one sheet for each SAMHSA funded program (as budgeted).

COUNTY: San Bernardino **PROGRAM TITLE:** Mt. View Residential Board & Care

SAMHSA FUNDING LEVEL: (MH 1779, Line 38, Net Cost) 119,735
\$ _____

TARGET POPULATION(S): (ESTIMATED NUMBER OF CONSUMERS TO BE SERVED IN THE YEAR WITH SAMHSA FUNDS)

SMI ADULT _____ # SMI OLDER ADULT 12 # SED CHILD _____

TYPES OF SERVICE(S) PROVIDED: (CHECK ALL THAT ARE APPLICABLE)

ASSESSMENT _____	CASE MANAGEMENT _____
COLLATERAL SERVICES _____	CRISIS INTERVENTION _____
CRISIS STABILIZATION _____	DAY CARE REHABILITATIVE _____
GROUP THERAPY <u>X</u>	INDIVIDUAL THERAPY <u>X</u>
IN-HOME SERVICES _____	INTENSIVE DAY TREATMENT _____
MEDICATION SUPPORT _____	OUTREACH _____
PEER COUNSELING _____	SOCIALIZATION <u>X</u>
SUBSTANCE ABUSE COUNSELING _____	VOCATIONAL _____
OTHER: <u>Culturally/Linguistically</u> <u>X</u>	

Appropriate Services

Please complete the following table if in the above program you have discrete sub-programs serving any of the special populations listed below or a consumer operated program:

	DUAL DIAGNOSIS	HOMELESS	FORENSIC	MINORITIES	CONSUMER OPERATED
ESTIMATED NUMBER OF SMI ADULT					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL	\$	\$	\$	\$	\$

ADDITIONAL COMMENTS:

**2003/2004 SAMHSA BLOCK GRANT
PROGRAM DATA SHEET**

Complete one sheet for each SAMHSA funded program (as budgeted).

COUNTY: San Bernardino **PROGRAM TITLE:** Orchid Court

SAMHSA FUNDING LEVEL: (MH 1779, Line 38, Net Cost) 386,290
\$ _____

TARGET POPULATION(S): (ESTIMATED NUMBER OF CONSUMERS TO BE SERVED IN THE YEAR WITH SAMHSA FUNDS)

SMI ADULT 32 # SMI OLDER ADULT _____ # SED CHILD _____

TYPES OF SERVICE(S) PROVIDED: (CHECK ALL THAT ARE APPLICABLE)

ASSESSMENT _____	CASE MANAGEMENT _____
COLLATERAL SERVICES _____	CRISIS INTERVENTION _____
CRISIS STABILIZATION _____	DAY CARE REHABILITATIVE _____
GROUP THERAPY <u>X</u>	INDIVIDUAL THERAPY <u>X</u>
IN-HOME SERVICES _____	INTENSIVE DAY TREATMENT _____
MEDICATION SUPPORT _____	OUTREACH _____
PEER COUNSELING _____	SOCIALIZATION <u>X</u>
SUBSTANCE ABUSE COUNSELING <u>X</u>	VOCATIONAL _____
OTHER: <u>Culturally/Linguistically</u> <u>X</u>	

Appropriate Services

Please complete the following table if in the above program you have discrete sub-programs serving any of the special populations listed below or a consumer operated program:

	DUAL DIAGNOSIS	HOMELESS	FORENSIC	MINORITIES	CONSUMER OPERATED
ESTIMATED NUMBER OF SMI ADULT	32				
FUNDING LEVEL	\$254,401	\$	\$	\$	\$
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL	\$	\$	\$	\$	\$

ADDITIONAL COMMENTS:

**2003/2004 SAMHSA BLOCK GRANT
PROGRAM DATA SHEET**

Complete one sheet for each SAMHSA funded program (as budgeted).

COUNTY: San Bernardino **PROGRAM TITLE:** Fontana Gardens

SAMHSA FUNDING LEVEL: (MH 1779, Line 38, Net Cost) 334,888
\$ _____

TARGET POPULATION(S): (ESTIMATED NUMBER OF CONSUMERS TO BE SERVED IN THE YEAR WITH SAMHSA FUNDS)

SMI ADULT 30 # SMI OLDER ADULT _____ # SED CHILD _____

TYPES OF SERVICE(S) PROVIDED: (CHECK ALL THAT ARE APPLICABLE)

ASSESSMENT _____	CASE MANAGEMENT _____
COLLATERAL SERVICES _____	CRISIS INTERVENTION _____
CRISIS STABILIZATION _____	DAY CARE REHABILITATIVE _____
GROUP THERAPY <u>X</u>	INDIVIDUAL THERAPY <u>X</u>
IN-HOME SERVICES _____	INTENSIVE DAY TREATMENT _____
MEDICATION SUPPORT _____	OUTREACH _____
PEER COUNSELING _____	SOCIALIZATION <u>X</u>
SUBSTANCE ABUSE COUNSELING <u>X</u>	VOCATIONAL _____
OTHER: <u>Culturally/Linguistically</u> <u>X</u>	

Appropriate Services

Please complete the following table if in the above program you have discrete sub-programs serving any of the special populations listed below or a consumer operated program:

	DUAL DIAGNOSIS	HOMELESS	FORENSIC	MINORITIES	CONSUMER OPERATED
ESTIMATED NUMBER OF SMI ADULT	30				
FUNDING LEVEL	\$199,362	\$	\$	\$	\$
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL	\$	\$	\$	\$	\$

ADDITIONAL COMMENTS:

2003/2004 SAMHSA BLOCK GRANT PROGRAM DATA SHEET

Complete one sheet for each SAMHSA funded program (as budgeted).

COUNTY: San Bernardino **PROGRAM TITLE:** Linda Villa

SAMHSA FUNDING LEVEL: (MH 1779, Line 38, Net Cost) **217,386**
\$ _____

TARGET POPULATION(S): (ESTIMATED NUMBER OF CONSUMERS TO BE SERVED IN THE YEAR WITH SAMHSA FUNDS)

SMI ADULT 15 # SMI OLDER ADULT _____ # SED CHILD _____

TYPES OF SERVICE(S) PROVIDED: (CHECK ALL THAT ARE APPLICABLE)

ASSESSMENT _____	CASE MANAGEMENT _____
COLLATERAL SERVICES _____	CRISIS INTERVENTION _____
CRISIS STABILIZATION _____	DAY CARE REHABILITATIVE _____
GROUP THERAPY <u>X</u>	INDIVIDUAL THERAPY <u>X</u>
IN-HOME SERVICES _____	INTENSIVE DAY TREATMENT _____
MEDICATION SUPPORT _____	OUTREACH _____
PEER COUNSELING _____	SOCIALIZATION <u>X</u>
SUBSTANCE ABUSE COUNSELING <u>X</u>	VOCATIONAL _____
OTHER: <u>Culturally/Linguistically</u> <u>X</u>	

Appropriate Services

Please complete the following table if in the above program you have discrete sub-programs serving any of the special populations listed below or a consumer operated program:

	DUAL DIAGNOSIS	HOMELESS	FORENSIC	MINORITIES	CONSUMER OPERATED
ESTIMATED NUMBER OF SMI ADULT	15				
FUNDING LEVEL	\$107,424	\$	\$	\$	\$
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL	\$	\$	\$	\$	\$

ADDITIONAL COMMENTS:

**2002/2003 SAMHSA BLOCK GRANT
PROGRAM DATA SHEET**

Complete one sheet for each SAMHSA funded program (as budgeted).

COUNTY: San Bernardino **PROGRAM TITLE:** Dual Diagnosis Residential Services

SAMHSA FUNDING LEVEL: (MH 1779, Line 38, Net Cost) **525,000**
\$ _____

TARGET POPULATION(S): (ESTIMATED NUMBER OF CONSUMERS TO BE SERVED IN THE YEAR WITH SAMHSA FUNDS)

SMI ADULT 35 # SMI OLDER ADULT _____ # SED CHILD _____

TYPES OF SERVICE(S) PROVIDED: (CHECK ALL THAT ARE APPLICABLE)

ASSESSMENT	<u> X </u>	CASE MANAGEMENT	<u> X </u>
COLLATERAL SERVICES	_____	CRISIS INTERVENTION	<u> X </u>
CRISIS STABILIZATION	<u> X </u>	DAY CARE REHABILITATIVE	_____
GROUP THERAPY	<u> X </u>	INDIVIDUAL THERAPY	<u> X </u>
IN-HOME SERVICES	_____	INTENSIVE DAY TREATMENT	_____
MEDICATION SUPPORT	<u> X </u>	OUTREACH	_____
PEER COUNSELING	_____	SOCIALIZATION	_____
SUBSTANCE ABUSE COUNSELING	<u> X </u>	VOCATIONAL	_____
OTHER: <u>Dual Diagnosis Residential Beds</u>	<u> X </u>		_____

Please complete the following table if in the above program you have discrete sub-programs serving any of the special populations listed below or a consumer operated program:

	DUAL DIAGNOSIS	HOMELESS	FORENSIC	MINORITIES	CONSUMER OPERATED
ESTIMATED NUMBER OF SMI ADULT					
FUNDING LEVEL					
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL					
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL					

ADDITIONAL COMMENTS:

**2003/2004 SAMHSA BLOCK GRANT
PROGRAM DATA SHEET**

Complete one sheet for each SAMHSA funded program (as budgeted).

COUNTY: San Bernardino **PROGRAM TITLE:** Homeless Program

SAMHSA FUNDING LEVEL: (MH 1779, Line 38, Net Cost) 284,100
\$ _____

TARGET POPULATION(S): (ESTIMATED NUMBER OF CONSUMERS TO BE SERVED IN THE YEAR WITH SAMHSA FUNDS)

SMI ADULT 200 # SMI OLDER ADULT _____ # SED CHILD _____

TYPES OF SERVICE(S) PROVIDED: (CHECK ALL THAT ARE APPLICABLE)

ASSESSMENT	<u>X</u>	CASE MANAGEMENT	<u>X</u>
COLLATERAL SERVICES	_____	CRISIS INTERVENTION	<u>X</u>
CRISIS STABILIZATION	_____	DAY CARE REHABILITATIVE	_____
GROUP THERAPY	<u>X</u>	INDIVIDUAL THERAPY	_____
IN-HOME SERVICES	_____	INTENSIVE DAY TREATMENT	_____
MEDICATION SUPPORT	_____	OUTREACH	<u>X</u>
PEER COUNSELING	_____	SOCIALIZATION	_____
SUBSTANCE ABUSE COUNSELING	_____	VOCATIONAL	<u>X</u>
OTHER: <u>Culturally/Linguistically</u>	<u>X</u>		

Appropriate Services

Please complete the following table if in the above program you have discrete sub-programs serving any of the special populations listed below or a consumer operated program:

	DUAL DIAGNOSIS	HOMELESS	FORENSIC	MINORITIES	CONSUMER OPERATED
ESTIMATED NUMBER OF SMI ADULT		125			
FUNDING LEVEL	\$	\$150,872	\$	\$	\$
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL	\$	\$	\$	\$	\$

ADDITIONAL COMMENTS:

2003/2004 SAMHSA BLOCK GRANT PROGRAM DATA SHEET

Complete one sheet for each SAMHSA funded program (as budgeted).

COUNTY: San Bernardino **PROGRAM TITLE:** Supervised Treatment After Release (STAR)

SAMHSA FUNDING LEVEL: (MH 1779, Line 38, Net Cost) 269,541
\$ _____

TARGET POPULATION(S): (ESTIMATED NUMBER OF CONSUMERS TO BE SERVED IN THE YEAR WITH SAMHSA FUNDS)

SMI ADULT 50 # SMI OLDER ADULT _____ # SED CHILD _____

TYPES OF SERVICE(S) PROVIDED: (CHECK ALL THAT ARE APPLICABLE)

ASSESSMENT	<u>X</u>	CASE MANAGEMENT	<u>X</u>
COLLATERAL SERVICES	<u>X</u>	CRISIS INTERVENTION	<u>X</u>
CRISIS STABILIZATION	_____	DAY CARE REHABILITATIVE	_____
GROUP THERAPY	_____	INDIVIDUAL THERAPY	<u>X</u>
IN-HOME SERVICES	<u>X</u>	INTENSIVE DAY TREATMENT	_____
MEDICATION SUPPORT	<u>X</u>	OUTREACH	_____
PEER COUNSELING	_____	SOCIALIZATION	_____
SUBSTANCE ABUSE COUNSELING	_____	VOCATIONAL	_____
OTHER: <u>Culturally/Linguistically</u>	<u>X</u>		_____

Appropriate Services

Please complete the following table if in the above program you have discrete sub-programs serving any of the special populations listed below or a consumer operated program:

	DUAL DIAGNOSIS	HOMELESS	FORENSIC	MINORITIES	CONSUMER OPERATED
ESTIMATED NUMBER OF SMI ADULT			50		
FUNDING LEVEL			\$151,917		
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL					
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL					

ADDITIONAL COMMENTS:

**2003/2004 SAMHSA BLOCK GRANT
PROGRAM DATA SHEET**

Complete one sheet for each SAMHSA funded program (as budgeted).

COUNTY: San Bernardino **PROGRAM TITLE:** Juvenile Justice Outpatient Program (JJOP) - Youth Justice Center

SAMHSA FUNDING LEVEL: (MH 1779, Line 38, Net Cost) **367,318**
\$

TARGET POPULATION(S): (ESTIMATED NUMBER OF CONSUMERS TO BE SERVED IN THE YEAR WITH SAMHSA FUNDS)

SMI ADULT # SMI OLDER ADULT # SED CHILD **160**

TYPES OF SERVICE(S) PROVIDED: (CHECK ALL THAT ARE APPLICABLE)

ASSESSMENT	<u>X</u>	CASE MANAGEMENT	<u> </u>
COLLATERAL SERVICES	<u>X</u>	CRISIS INTERVENTION	<u>X</u>
CRISIS STABILIZATION	<u> </u>	DAY CARE REHABILITATIVE	<u> </u>
GROUP THERAPY	<u>X</u>	INDIVIDUAL THERAPY	<u>X</u>
IN-HOME SERVICES	<u> </u>	INTENSIVE DAY TREATMENT	<u> </u>
MEDICATION SUPPORT	<u>X</u>	OUTREACH	<u> </u>
PEER COUNSELING	<u> </u>	SOCIALIZATION	<u> </u>
SUBSTANCE ABUSE COUNSELING	<u> </u>	VOCATIONAL	<u>X</u>
OTHER: <u>Interagency Consultation</u>	<u>X</u>	<u>Culturally/Linguistically Appropriate Services</u>	<u>X</u>

Please complete the following table if in the above program you have discrete sub-programs serving any of the special populations listed below or a consumer operated program:

	DUAL DIAGNOSIS	HOMELESS	FORENSIC	MINORITIES	CONSUMER OPERATED
ESTIMATED NUMBER OF SMI ADULT					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL	\$	\$	\$	\$	\$
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL	\$	\$	\$	\$	\$

SECTION VI

SAMHSA PROGRAM NARRATIVE
ADULT SYSTEM OF CARE
Dual Diagnosed at Risk Population Programs

Statement of Purpose

The Department of Behavioral Health of San Bernardino County offers comprehensive residential mental health and care management services to the adult population of San Bernardino County. Services are organized by geographic regions into multi-service centers with both department and contract agency operated clinics. Mental Health and case management services are provided to adults and families throughout the County. Residential and intensive/aggressive case management services for consumers with severe mental illness are offered by three department regional programs; Central Valley Region, Desert/Mountain Region, and West End Region. The three regionally based programs and the Adult System of Care Program continuously collaborate to insure that comprehensive services are accessible to the high-risk target population. This collaboration ensures gaps in the treatment system are identified and that programs are developed to meet the treatment needs of consumers. In an effort to create and expand residential, mental health and case management services to adults at risk of institutionalization or hospitalization, several types of service programs are supported with SAMHSA funds. The Dual Diagnosis at Risk Population (mental illness and substance abuse problems) program addresses a consumer population that is resistive to treatment, has a high recidivism rate and over utilizes mental health services. The community based programs indicate a high rate of mentally ill consumers have a substance abuse diagnosis. This is further supported by the county psychiatric facilities. The dual diagnosed mentally ill consumer has a need for intensive aggressive case management services. In San Bernardino County, the Dual Diagnosed for at Risk Population teams serve county consumers that are mentally ill and have a substance abuse problem. The caseload for this program has been identified as dual diagnosed consumers with severe functional impairment. This caseload, of mentally ill consumers, will be provided intensive case management services to maintain them in the community until they transition to lower levels of care. Although the dual diagnosed consumers comprise a large part of the caseload that repeatedly utilizes high level of care services, some of the most severe cases have been selected for this program. Availability of funding will enable provision of intensive/aggressive case management to this population.

Client Outcome Objectives

- To screen 100% of the indigents presenting for services for symptoms substance abuse.
- To reduce readmission's to acute psychiatric facilities for 25% of the consumers in lower levels of care for at least a 3-month period.
- To maintain 20% of the consumers in lower levels of care actively participating in dual diagnosed services for at least a 3-month period.

Program Description

The Dual Diagnosed at Risk Population Program staff is comprised of a Multidisciplinary Team who will coordinate the service delivery for a dually Diagnosed caseload. The dually diagnosed consumer in this program will have a mental illness and substance abuse diagnosis. These consumers had recent episodes in acute psychiatric facilities, may be at risk of repeated hospitalization or incarceration due to their illness and are not availing themselves of substance abuse treatment services.

Goals for this program are to reduce the use of acute hospitals as the primary treatment for dually diagnosed issues, improve quality of life and improve housing retention. The Dual Diagnosed at Risk Population Program staff will provide intensive/aggressive case management services to include: **(1)** Identify and assess consumers to determine level of service needed, **(2)** Develop a trusting and supportive relationship to identify the strength and weaknesses of the consumer, **(3)** Referral and linkage with needed community services to include mental health and substance abuse treatment services, **(4)** Provide outcome focused service planning to encourage the consumer to move towards independence and assuming of self-responsibility, **(5)** Provide crisis prevention and intervention to disrupt the cycle of using hospitalization as primary source of treatment, **(6)** Provide the service and follow-up in non-traditional settings to maintain the consumer engaged in mental health and substance abuse services, **(7)** Engage the family in the consumer's rehabilitation, **(8)** Provide for on-going maintenance in the community, **(9)** Assist in obtaining and retaining of housing, **(10)** Provide advocacy for the consumer.

The Dual Diagnosed at Risk Population Program staff will collaborate with other care providers to access and maintain needed services.

Central Valley Region

STAFF	TOTAL FTE	SAMHSA FTE
Clinic Supervisor	2.00	.15
Clinical Therapist II	6.00	.14
Social Worker II	9.00	.50
Mental Health Specialist	5.00	.50
Psychiatrist	4.00	.30
Clerk III	2.00	.50
TOTALS	30.00	2.09

Desert/Mountain Region

STAFF	TOTAL FTE	SAMHSA FTE
Clinic Supervisor	2.00	.10
Clinical Therapist II	8.00	.05
Social Worker II	9.00	.50
Mental Health Specialist	5.00	.50
Psychiatrist	4.00	.20
Clerk III	2.00	.48
TOTALS	30.00	1.83

West End Region

STAFF	TOTAL FTE	SAMHSA FTE
Clinic Supervisor	2.00	.08
Clinical Therapist II	8.00	.04
Social Worker II	9.00	.19
Mental Health Specialist	5.00	.19
Psychiatrist	4.00	.09
Clerk III	2.00	.25
TOTALS	30.00	.84

**2003/2004 SAMHSA BLOCK GRANT
PROGRAM DATA SHEET**

Complete one sheet for each SAMHSA funded program (as budgeted).

COUNTY: San Bernardino **PROGRAM TITLE:** Central Valley Region

SAMHSA FUNDING LEVEL: (MH 1779, Line 38, Net Cost) 120,007
\$ _____

TARGET POPULATION (S): (ESTIMATED NUMBER OF CONSUMERS TO BE SERVED IN THE YEAR WITH SAMHSA FUNDS)

SMI ADULT 18 # SMI OLDER ADULT _____ # SED CHILD _____

TYPES OF SERVICE (S) PROVIDED: (CHECK ALL THAT ARE APPLICABLE)

ASSESSMENT	<u>X</u>	CASE MANAGEMENT	<u>X</u>
COLLATERAL SERVICES	<u>X</u>	CRISIS INTERVENTION	<u>X</u>
CRISIS STABILIZATION	<u>X</u>	DAY CARE REHABILITATIVE	_____
GROUP THERAPY	_____	INDIVIDUAL THERAPY	_____
IN-HOME SERVICES	<u>X</u>	INTENSIVE DAY TREATMENT	_____
MEDICATION SUPPORT	<u>X</u>	OUTREACH	<u>X</u>
PEER COUNSELING	_____	SOCIALIZATION	_____
SUBSTANCE ABUSE COUNSELING	_____	VOCATIONAL	_____
OTHER: <u>Culturally/Linguistically</u>	<u>X</u>		_____

Appropriate Services

Please complete the following table if in the above program you have discrete sub-programs serving any of the special populations listed below or a consumer operated program:

	DUAL DIAGNOSIS	HOMELESS	FORENSIC	MINORITIES	CONSUMER OPERATED
ESTIMATED NUMBER OF SMI ADULT					
FUNDING LEVEL					
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL					
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL					

ADDITIONAL COMMENTS:

**2003/2004 SAMHSA BLOCK GRANT
PROGRAM DATA SHEET**

Complete one sheet for each SAMHSA funded program (as budgeted).

COUNTY: San Bernardino **PROGRAM TITLE:** Desert/Mountain Region

SAMHSA FUNDING LEVEL: (MH 1779, Line 38, Net Cost) 95,007
\$ _____

TARGET POPULATION (S): (ESTIMATED NUMBER OF CONSUMERS TO BE SERVED IN THE YEAR WITH SAMHSA FUNDS)

SMI ADULT 20 # SMI OLDER ADULT _____ # SED CHILD _____

TYPES OF SERVICE (S) PROVIDED: (CHECK ALL THAT ARE APPLICABLE)

ASSESSMENT	<u>X</u>	CASE MANAGEMENT	<u>X</u>
COLLATERAL SERVICES	<u>X</u>	CRISIS INTERVENTION	<u>X</u>
CRISIS STABILIZATION	<u>X</u>	DAY CARE REHABILITATIVE	_____
GROUP THERAPY	_____	INDIVIDUAL THERAPY	_____
IN-HOME SERVICES	<u>X</u>	INTENSIVE DAY TREATMENT	_____
MEDICATION SUPPORT	<u>X</u>	OUTREACH	<u>X</u>
PEER COUNSELING	_____	SOCIALIZATION	_____
SUBSTANCE ABUSE COUNSELING	_____	VOCATIONAL	_____
OTHER: <u>Culturally/Linguistically</u>	<u>X</u>		_____

Appropriate Services

Please complete the following table if in the above program you have discrete sub-programs serving any of the special populations listed below or a consumer operated program:

	DUAL DIAGNOSIS	HOMELESS	FORENSIC	MINORITIES	CONSUMER OPERATED
ESTIMATED NUMBER OF SMI ADULT					
FUNDING LEVEL					
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL					
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL					

ADDITIONAL COMMENTS:

**2003/2004 SAMHSA BLOCK GRANT
PROGRAM DATA SHEET**

Complete one sheet for each SAMHSA funded program (as budgeted).

COUNTY: San Bernardino **PROGRAM TITLE:** West End Region

SAMHSA FUNDING LEVEL: (MH 1779, Line 38, Net Cost) 40,014
\$ _____

TARGET POPULATION (S): (ESTIMATED NUMBER OF CONSUMERS TO BE SERVED IN THE YEAR WITH SAMHSA FUNDS)

SMI ADULT 16 # SMI OLDER ADULT _____ # SED CHILD _____

TYPES OF SERVICE (S) PROVIDED: (CHECK ALL THAT ARE APPLICABLE)

ASSESSMENT	<u>X</u>	CASE MANAGEMENT	<u>X</u>
COLLATERAL SERVICES	<u>X</u>	CRISIS INTERVENTION	<u>X</u>
CRISIS STABILIZATION	<u>X</u>	DAY CARE REHABILITATIVE	_____
GROUP THERAPY	_____	INDIVIDUAL THERAPY	_____
IN-HOME SERVICES	<u>X</u>	INTENSIVE DAY TREATMENT	_____
MEDICATION SUPPORT	<u>X</u>	OUTREACH	<u>X</u>
PEER COUNSELING	_____	SOCIALIZATION	_____
SUBSTANCE ABUSE COUNSELING	_____	VOCATIONAL	_____
OTHER: <u>Culturally/Linguistically</u>	<u>X</u>		_____

Appropriate Services

Please complete the following table if in the above program you have discrete sub-programs serving any of the special populations listed below or a consumer operated program:

	DUAL DIAGNOSIS	HOMELESS	FORENSIC	MINORITIES	CONSUMER OPERATED
ESTIMATED NUMBER OF SMI ADULT					
FUNDING LEVEL					
ESTIMATED NUMBER OF SMI OLDER ADULT					
FUNDING LEVEL					
ESTIMATED NUMBER OF SED CHILDREN					
FUNDING LEVEL					

ADDITIONAL COMMENTS:

SAMHSA BLOCK GRANT

FEDERAL GRANT DETAILED PROGRAM BUDGET
MH 1779 REV(3/99)

SUBMISSION DATE:

August 22, 2003

COUNTY: SAN BERNARDINO
CONTACT PERSON: MARIA CORONADO
PROGRAM NAME: ADULT SYSTEM OF CARE

FISCAL YEAR: 2003/2004
TELEPHONE NUMBER: (909) 421-9432
PROVIDER NUMBER(S): _____

STAFFING		1	2	3
TITLE OF POSITION		LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	MH Clinic Supervisor	1.55 \$ 119,511	\$ -	\$ 119,511
2	Clinical Therapist I	4.32 \$ 238,481	\$ -	\$ 238,481
3	Clinical Therapist II	2.09 \$ 91,280	\$ -	\$ 91,280
4	Mental Health Specialist	2.75 \$ 100,302	\$ -	\$ 100,302
5	Clerk III	2.72 \$ 62,869	\$ -	\$ 62,869
6	NEW HOUSE/CEDAR HOUSE	0.00 \$ -	\$ -	\$ -
7	Social Worker II	1.00 \$ 41,500	\$ -	\$ 41,500
8	Licensed Psych. Technician	3.50 \$ 102,876	\$ -	\$ 102,876
9	Mental Health Worker	10.50 \$ 274,788	\$ -	\$ 274,788
10	Program Director	3.00 \$ 177,171	\$ -	\$ 177,171
11	Certified Drug & Alcohol Counselor	2.50 \$ 55,323	\$ -	\$ 55,323
12	Certified Nursing Assistant/Lead Cert.Nurs.Asst.	2.50 \$ 56,540	\$ -	\$ 56,540
13	Public Information Clerk	0.60 \$ 13,800	\$ -	\$ 13,800
14	Employee Benefits-County Operated/Contractors	\$ 250,815	\$ -	\$ 250,815
15	County Staff(see attached)	0 \$ -	\$ -	\$ -
16	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	37.03 \$ 1,585,256	\$ -	\$ 1,585,256
17	Consultant Costs (Itemize):			\$ -
18			\$ -	\$ -
19			\$ -	\$ -
20				\$ -
21	Equipment (Where feasible lease or rent) (Itemize):			\$ -
22	Ford E-350 XLT Van-New House Lease	\$ -	\$ -	\$ -
23	Ford E-350 XLT Van-Cedar House Lease	\$ -	\$ -	\$ -
24				\$ -
25	(1) Computer Unit-New House	\$ -	\$ -	\$ -
26	Supplies (Itemize):			\$ -
27	Office	\$ 17,194	\$ -	\$ 17,194
28	Program	\$ 6,409		\$ 6,409
29	Women's personal hygiene(New House)	\$ -	\$ -	\$ -
30	Linens(New House)	\$ -	\$ -	\$ -
31	Travel-Per diem, Mileage, & Vehicle Rental/Lease	\$ 10,680	\$ -	\$ 10,680
32				\$ -
33				\$ -
34	WESTCLIFF MEDICAL LABS.TX.OF CONSUMERS,			\$ -
35	NEW HOUSE & CEDAR HOUSE	\$ -	\$ -	\$ -
36	Other Expenses (Itemize):(motor pool charges)	\$ 4,700		\$ 4,700
37	Professional Liability Insurance	\$ 6,165	\$ -	\$ 6,165
38	Automobile Insurance	\$ 9,150		\$ 9,150
39	Client Outings(activities,food)	\$ 23,838	\$ -	\$ 23,838
40	Utilities/Communications	\$ 39,503	\$ -	\$ 39,503
41	Staff Training	\$ 5,000	\$ -	\$ 5,000
42	Facility Lease Costs	\$ 22,757	\$ -	\$ 22,757
43	Furniture replacement(chairs,tables,beds,windows)	\$ 8,585		\$ 8,585
44	Maintenance-Facility Upgrading	\$ 3,000		\$ 3,000
45	Consultant for Sign Language Consumers/Pgm.Exps.	\$ 23,625		\$ 23,625
46	Rents/Leases Structures	\$ 39,000	\$ -	\$ 39,000
47	COUNTY ADMINISTRATIVE COSTS	\$ 107,278	\$ -	\$ 107,278
48	NET PROGRAM EXPENSES (sum lines 12 thru 37)	\$ 1,912,140	\$ -	\$ 1,912,140
49	OTHER FUNDING SOURCES: Federal Funds	\$ 9,106	\$ -	\$ 9,106
50	Non-Federal Funds	\$ 575,124	\$ -	\$ 575,124
51	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)	\$ 584,230	\$ -	\$ 584,230
52	GROSS COST OF PROGRAM (sum lines 38 and 41)	\$ 2,496,370	\$ -	\$ 2,496,370

DMH APPROVAL BY: TERI NEWBY
TELEPHONE: (916) 654-3254

SAMHSA BLOCK GRANT

FEDERAL GRANT DETAILED PROGRAM BUDGET
MH 1779 REV(3/99)

SUBMISSION DATE: August 22, 2003

COUNTY: SAN BERNARDINO
CONTACT PERSON: DOMINGO RODRIGUEZ
PROGRAM NAME: CHILDRENS SYSTEM OF CARE
JUVENILE JUSTICE/YOUTH JUSTICE CENTER

FISCAL YEAR: 2003/2004
TELEPHONE NUMBER: (909)387-6942
PROVIDER NUMBER(S): 8669

STAFFING		1	2	3
TITLE OF POSITION		LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	MH Clinic Supervisor	0.90 \$ 63,000	\$ -	\$ 63,000
2	Clinical Therapist	4.00 \$ 192,000		\$ 192,000
3	Clerk III	1.00 25,500		\$ 25,500
4		\$ -	\$ -	\$ -
5		\$ -	\$ -	\$ -
6	Employee Benefits	\$ 67,320	\$ -	\$ 67,320
7		\$ -	\$ -	\$ -
8		\$ -	\$ -	\$ -
9		\$ -	\$ -	\$ -
#				\$ -
11				\$ -
12				\$ -
13				\$ -
14				\$ -
15				\$ -
16	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	5.90 \$ 347,820	\$ -	\$ 347,820
17	Consultant Costs (Itemize):			\$ -
18			\$ -	\$ -
19			\$ -	\$ -
20				\$ -
21	Equipment (Where feasible lease or rent) (Itemize):			\$ -
22	Small Office Equipment	\$ 183	\$ -	\$ 183
23	Equipment Lease(Xerox)	\$ 672	\$ -	\$ 672
24				\$ -
25				\$ -
26	Supplies (Itemize):			\$ -
27	Office	\$ 611	\$ -	\$ 611
28	Therapy Activities	\$ 366	\$ -	\$ 366
29	Printing	\$ 427		\$ 427
30				\$ -
31	Travel-Per diem, Mileage, & Vehicle Rental/Lease	\$ 183		\$ 183
32				\$ -
33				\$ -
34				\$ -
35		\$ -		\$ -
36	Other Expenses (Itemize):	\$ -		\$ -
37	Equipment Maintenance	214		\$ 214
38	Training & Professional Memberships	\$ 885	\$ -	\$ 885
39		\$ -	\$ -	\$ -
40				\$ -
41				\$ -
42				\$ -
43				\$ -
44				\$ -
45				\$ -
46				\$ -
47	COUNTY ADMINISTRATIVE COSTS	\$ 15,957	\$ -	\$ 15,957
48	NET PROGRAM EXPENSES (sum lines 12 thru 37)	\$ 367,318	\$ -	\$ 367,318
49	OTHER FUNDING SOURCES: Federal Funds	\$ -	\$ 60,505	\$ 60,505
50	Non-Federal Funds	\$ 35,000	\$ 293,329	\$ 328,329
51	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)	\$ 35,000	\$ 353,834	\$ 388,834
52	GROSS COST OF PROGRAM (sum lines 38 and 41)	\$ 402,318	\$ 353,834	\$ 756,152

DMH APPROVAL BY: TERI NEWBY
TELEPHONE: (916) 654-3254

SAMHSA BLOCK GRANT

FEDERAL GRANT DETAILED PROGRAM BUDGET
MH 1779 REV(3/99)

SUBMISSION DATE: August 22,2003

COUNTY: SAN BERNARDINO
CONTACT PERSON: MARIA CORONADO
PROGRAM NAME: DUAL DIAGNOSIS SYSTEM OF CARE

FISCAL YEAR: 2003/2004
TELEPHONE NUMBER: 909 421-9432
PROVIDER NUMBER(S): _____

STAFFING			1	2	3
TITLE OF POSITION		FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	MH Clinical Therapist I	2.00	\$ -	\$ 116,000	\$ 116,000
2	Alcohol and Drug Counselor	2.00	\$ -	\$ 76,004	\$ 76,004
3	Licensed Psychiatric Technician	2.00	\$ -	\$ 67,268	\$ 67,268
4	Mental Health Specialist	2.00	\$ 138,596	\$ (25,446)	\$ 113,150
5	MH Clinic Supervisor	0.33	56,668	(32,813)	23,855
6	Social Worker II	4.00	\$ 166,048	\$ (115,065)	\$ 50,983
7	Clerk III	2.00	\$ 58,176	\$ (22,971)	\$ 35,205
8	Psychiatrist	0.75	\$ 119,356	\$ (30,897)	\$ 88,459
9	MH Clinical Therapist II	4.00	\$ 241,184	\$ (227,212)	\$ 13,972
10			\$ -		\$ -
11			\$ -		\$ -
12			\$ -		\$ -
13	Employee Benefits		\$ -	\$ 82,467	\$ 82,467
14					\$ -
15					\$ -
16	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	19.08	\$ 780,028	\$ (112,665)	\$ 667,363
17	Consultant Costs (Itemize):				\$ -
18	Medication Services			\$ 13,438	\$ 13,438
19				\$ -	\$ -
20					\$ -
21	Equipment				\$ -
22	Ford E-350 XLT Van LEASED			\$ 2,000	\$ 2,000
23	Ford E-350 XLT Van LEASED			\$ 2,000	\$ 2,000
24					\$ -
25	(2) Computer Units			\$ 2,500	\$ 2,500
26					\$ -
27	Supplies				\$ -
28	Office Supplies			\$ 5,000	\$ 5,000
29					\$ -
30					\$ -
31					\$ -
32					\$ -
				\$ -	
				\$ -	
				\$ -	
36	Other Expenses (Itemize):				\$ -
37	Medication Costs, Rx.			\$ 40,000	\$ 40,000
38					\$ -
39					\$ -
40					\$ -
41					\$ -
42				\$ -	\$ -
43					\$ -
44					\$ -
45					\$ -
46					\$ -
47				\$ 47,727	\$ 47,727
48	NET PROGRAM EXPENSES (sum lines 12 thru 37)		\$ 780,028	\$ -	\$ 780,028
49	OTHER FUNDING SOURCES: Federal Funds		\$ -	\$ -	\$ -
50	Non-Federal Funds			\$ -	\$ -
51	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)		\$ -	\$ -	\$ -
52	GROSS COST OF PROGRAM (sum lines 38 and 41)		\$ 780,028	\$ -	\$ 780,028

ATTACHMENTS

ASSURANCE OF COMPLIANCE WITH TITLE XIX OF THE PUBLIC HEALTH
SERVICE ACT
REQUIREMENTS ON USE OF ALLOTMENTS
As amended by Public Law (P.L.) 102-321 and P.L. 106-310

The county, as recipient of grant funds, acknowledges and agrees to the following:

Section 1911(b) PURPOSE OF GRANTS

- (b) Purpose of Grants – A funding agreement for a grant under subsection (a) is that, subject to Section 1916, the State involved will expend the grant only for the purpose of—
 - (b)(1) carrying out the plan submitted under Section 1912(a) by the state for the fiscal year involved;
 - (b)(2) evaluating programs and services carried out under the plan; and
 - (b)(3) planning, administration, and educational activities related to providing services under the plan.

Section 1912 STATE PLAN FOR COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CERTAIN INDIVIDUALS

- (a) In general – The Secretary may make a grant under Section 1911 only if--
 - (a)(1) the state involved submits to the Secretary a plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance;
 - (a)(2) the plan meets the criteria specified in subsection (b); and
 - (a)(3) the plan is approved by the Secretary.

Section 1913(c) CRITERIA FOR MENTAL HEALTH CENTERS

- (c) Criteria for Mental Health Centers – The criteria referred to in subsection (b)(2) regarding community mental health centers are as follows—
 - (c)(1) with respect to mental health services, the centers provide services as follows;

- (c)(1)(A) Services principally to individuals residing in a defined geographic area (hereafter in the subsection referred to as a “service area”);
- (c)(1)(B) Outpatient service, including specialized outpatient services for children, the elderly, individuals, with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility.
- (c)(1)(C) 24-hour-a-day emergency care services;
- (c)(1)(D) Day treatment or other partial hospitalization services, or psychosocial rehabilitation services;
- (c)(1)(E) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission;
- (c)(2) The mental health service of the centers are provided, within the limits of the capacities of the centers, to any individual residing or employed within the service area of the center regardless of ability to pay for such services;
- (c)(3) The mental health services of the centers are available and accessible promptly, as appropriate and in a manner which preserves human dignity and assures continuity and high quality care;

Section 1916 RESTRICTIONS ON USE OF PAYMENTS

- (a) General – A funding agreement for a grant under Section 1911 is that the state involved will not expend the grant—
 - (a)(1) to provide inpatient services;
 - (a)(2) to make cash payments to intended recipients of health services.
 - (a)(3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
 - (a)(4) to satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds; or
 - (a)(5) To provide financial assistance to any entity other than a public or non-profit private entity.

- (b) Limitation on Administrative Expenses – A funding agreement for a grant under Section 1911 is that the state involved will not exceed more than five percent of grant for administrative expenses with respect to the grant.

Counties have a ten percent administrative cap (see MH 1779)

Section 1946 PROHIBITIONS REGARDING RECEIPT OF FUNDS

- (a) Establishment –

- (a)(1) Certain false statements and representation – A person shall not knowingly and willfully make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payments may be made by a state from a grant made to the state under Section 1911 or 1921.

- (a)(2) Concealing or failing to disclose certain events – A person with knowledge of the occurrence of any event affecting the initial or continued right of the person to receive any payments from a grant made to a state under Section 1911 or 1921 shall not conceal or fail to disclose any such event with an intent fraudulently to secure such payment either in a greater amount than is due or when no such amount is due.

- (b) Criminal Penalty for Violation of Prohibition – Any person who violates any prohibition established in subsection 9a) shall for each violation be fined in accordance with Title 18, United States Code, or imprisoned for not more than five years, or both.

Section 1947 NONDISCRIMINATION

- (a) In General –

- (a)(1) Rule of construction regarding certain civil rights laws – For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under Section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title IX of the Education Amendments of 1972, or on the basis of race, color, or national origin under Title VI of the Civil Rights Act of 1964, programs and activities funded in whole or in part with funds made available under Section 1911 or 1921 shall be considered to be programs and activities receiving federal financial assistance.

- (a)(2) Prohibition – No person shall on the grounds of sex (including, in the case of a woman, on the grounds that the woman is pregnant), or on the grounds of religion, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or

activity funded in whole or in part with funds made available under Section 1911 or 1921.

(b) Enforcement –

(b)(1) Referrals to Attorney General after notice: Whenever the Secretary finds that a state, or an entity that has received a payment pursuant to Section 1911 or 1921, has failed to comply with a provision of law referred to in subsection (a)(1), with subsection (a)(2), or with and applicable regulation (including one prescribed to carry out subsection (a)(2), the Secretary shall notify the Chief Executive Officer of the state and shall request the Chief Executive Officer to secure compliance. If within a reasonable period of time, not to exceed 60 days, the Chief Executive Officer fails or refuses to secure compliance, the Secretary may—

(b)(1)(A) refer the matter to the Attorney General with a recommendation that an appropriate civil action be instituted;

(b)(1)(B) exercise the powers and functions provided by the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act Of 1973, Title IX of the Education Amendment of 1972, or Title VI of the Civil Rights Act of 1964, as may be applicable; or

(b)(1)(C) take such other actions as may be authorized by law.

(b)(2) Authority of Attorney General – When a matter is referred to the Attorney General pursuant to paragraph (b)(1)(A), or whenever the Attorney General has reason to believe that a state or an entity is engaged in a pattern or practice in violation of a provision of law referred to in Subsection (a)(1) or in violation of subsection (a)(2), the Attorney General May bring a civil action in any appropriate district court of the United States for such relief as may be appropriate, including injunctive relief.

Signature of Official Authorized
to Sign Application

Date

CERTIFICATIONS

CERTIFICATION REGARDING LOBBYING

- 1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontract, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 for each such failure.

SALARY CAP

The undersigned certifies that no grant funds will be used to pay an individual salary at a rate in excess of \$171,900 per year, not including benefits.

DRUG FREE WORK ENVIRONMENT

The undersigned certifies that reasonable efforts are made to maintain a drug-free work place in all programs supported by the Block Grant funds.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION INELIGIBILITY AND
VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS

- 1) The prospective lower tier participant certified, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- 2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal/application.

Signature of Official Authorized
to Sign Application

Date

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal Grant contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated or maintained with such federal funds. The does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offer or/contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and all subrecipients shall certify accordingly.

Signature of Official Authorized
to Sign Application

Date